

INFORMATION & INSTRUCTIONS - ACUPUNCTURE LICENSE

Access this form via website at: www.state.hi.us/dcca/pvl

NO RECIPROCITY

Hawaii does **not** reciprocate with any other state or country. Each applicant is required to meet the academic, clinical training and national examination requirements according to Hawaii laws and rules.

Applicants are subject to requirements in effect at the time of filing.

APPLICATION FORM

Type or print legibly in dark ink and sign application. Incomplete applications will not be accepted. Failure to provide all the requested information will delay processing of your application.

BOARD'S MAILING ADDRESS

Board of Acupuncture
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

Phone: (808) 586-3000

Office location:
1010 Richards St., 1st Floor
Honolulu, HI 96813

Toll free voice access numbers for
neighbor islands:
Kauai - 274-3141 Ext. 6-3000
Maui - 984-2400 Ext. 6-3000
Hawaii - 974-4000 Ext. 6-3000
Molokai - 1-800-468-4644 Ext. 6-3000
Lanai - 1-800-468-4644 Ext. 6-3000

EDUCATION and TRAINING REQUIREMENTS

Completed a formal program of acupuncture and received a certificate or diploma from an institute, school, or college that was accredited or recognized as a candidate for accreditation by an accrediting body recognized by the U.S. Department of Education at the time of the applicant's graduation; or in the case of a foreign school, one that was licensed, approved or accredited by the appropriate governmental agency at the time of the applicant's graduation and whose curriculum is approved by the Board. The program shall have consisted of at least 2,175 hours as follows:

- (a) Academic program in the science of acupuncture (traditional oriental medicine) of not less than 1,515 hours; **and**
- (b) Clinical training program of not less than 660 hours.

DOCUMENTS REQUIRED

Evidence of academic and clinical training:

ALL DOCUMENTS must be in English. If your documents are in a foreign language, refer to the section entitled "DOCUMENTS IN A FOREIGN LANGUAGE" (below) for more information.

- (1) **OFFICIAL TRANSCRIPT WITH SCHOOL SEAL:** Attach an official transcript with your application. The transcript must contain the school's seal (copies will not be accepted). If the transcripts are not in English, please refer to the section entitled "DOCUMENTS IN A FOREIGN LANGUAGE" (below) for more information.

Avoid processing delays, be sure the transcript has a breakdown of the number of hours you studied by category. For example:

TOTAL ACADEMIC HOURS: _____
TOTAL CLINICAL HOURS: _____

If the total hours are not provided on the transcript, processing of the application will be delayed.

If the school uses a system other than "hours", be sure to submit the school's conversion of the point system to "hours".

- (2) **CERTIFICATE OR DIPLOMA:** Attach a photocopy of your certificate or diploma. If the diploma is not in English, please refer to the section entitled "DOCUMENTS IN A FOREIGN LANGUAGE" (below) for more information.

DOCUMENTS IN A FOREIGN LANGUAGE

ALL DOCUMENTS must be in English. If your documents are in a foreign language, an accurate translation must be attached. The translator must be someone other than the applicant. The translator must also submit an affidavit. The affidavit must be signed before a notary public.

Example of translator's affidavit: The following is an **example** of a translator's affidavit and contains all of the elements required by the Board.

"I swear that I am competent in both the English language and the _____ language (language of the document) and that this is a true and complete translation of the foreign language original."

**GRADUATES OF
FOREIGN
ACUPUNCTURE
INSTITUTES, SCHOOLS
OR COLLEGES**

**EXAMINATION
REQUIREMENT**

Attach an original letter from the appropriate government agency verifying that the institute, school or college was licensed, approved or accredited at the time of the applicant's graduation.

All applicants shall pass the National Certification Commission for Acupuncture & Oriental Medicine ("NCCAOM") Written Comprehensive Exam.

NCCAOM Written Comprehensive Exam

- This is a written test that is administered in Honolulu, Hawaii.
- When the Board approves your Application for Exam and License, further information, instructions, forms, and written notice of approval will be mailed to you.
- The NCCAOM Exam fee is \$450. You will need to submit this fee to our office when you receive notice that your application has been approved. DO NOT MAIL TO NCCAOM. Our office will then send your name and NCCAOM fee to NCCAOM.
- The NCCAOM Exam is administered in English, Chinese, and Korean.

**APPLICANTS WHO
ALREADY PASSED THE
NCCAOM EXAM**

If you have already taken and passed the NCCAOM (formerly known as NCCA) Exam, you will not be required to take it again. To be considered for this waiver, make a request to NCCAOM to submit verification that you passed the Comprehensive Written Exam directly to the Board. Or, have the other state licensing board (if you are licensed in another state) verify your NCCAOM score to the Board. You need to comply with NCCAOM's or the other state board's policies and fees, if any.

NCCAOM

11 Canal Center Plaza, Suite 300

Alexandria, VA 22314

www.nccaom.org

Phone: (703) 548-9004

Even though a waiver may be granted for the NCCAOM Exam, all applicants are still subject to the academic, clinical training, and other requirements of the Board.

**EXAMINATION
FILING DEADLINE**

The application, fees and ALL supporting documents must be received in the board's office at least 75 days prior to a scheduled NCCAOM examination. Please refer to the "*Exam Schedule*" for specific examination and filing deadline dates.

FEES

Application fee – The application fee is \$50 (non-refundable)

Attach a check or money order payable to "COMMERCE & CONSUMER AFFAIRS" to your Application for Exam & License form. Your application will not be reviewed if you do not submit this fee. If you are applying for the NCCAOM examination waiver, you may also submit your licensing fees in addition to the \$50 application fee.

License Fee -

If license is to be issued between July 1, odd-numbered year and

June 30, even-numbered year pay \$245

(\$100 – license + \$70 Compliance Resolution Fund + \$75 – fee for the second year of two year period)

If license is to be issued between July 1, even-numbered year and

June 30, odd-numbered year pay \$135

(\$100 – license + \$35 – Compliance Resolution Fund)

Examination Fee -

NCCAOM Written Comprehensive Exam fee is \$450 + NCCAOM Exam Administration fee is \$10.

You will need to submit a money order (\$450) made payable to "NCCAOM" to our office when you receive notice that your Application for Exam & License has been approved by the Board. Further information and instructions will be mailed to you along with your approval notice. A check or money order (\$10) payable to "Commerce & Consumer Affairs" will also be required.

FEES (Cont.)

NOTE: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

LICENSE VERIFICATION

Have all jurisdictions where you hold or held a license at any time, complete the attached "Verification of License" form. This "Verification" form may be duplicated as needed. Allow at least 6 weeks for other jurisdictions to complete the form. Some jurisdictions charge a fee for verification service. Contact the appropriate licensing agency for information on requirements. The applicant is responsible for any fees incurred.

EXAM RESULTS

Written notice will be sent to you regarding examination results. Applicants who do not pass the examination may apply for re-examination.

OBTAINING A LICENSE

Upon passing the examination, you will be notified of license fees due.

MAINTAINING YOUR LICENSE

All licenses, regardless of issuance date, expire on June 30 of odd-numbered years. Licenses are subject to renewal on or before the license expiration date.

Approximately one month before the license expiration date, a courtesy renewal application is mailed to each current licensee at the last known address. You must inform the board of your address changes in writing. The Board is not responsible for non-receipt of any mail. The burden is on the licensee to keep his/her license current. If you let your license lapse for longer than one year, you must file a new application and meet requirements, including the academic, clinical training and national examination requirements that are in effect at the time of filing.

LAWS & RULES

To obtain a copy of the acupuncture laws (Chapter 436E, HRS) and rules (Chapter 72, HAR), send \$1.25 to: *Cashier, Commerce & Consumer Affairs, P.O. Box 541, Honolulu, HI 96809*. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law may be purchased separately for 75¢. Price subject to change without notice.

The LAWS and RULES are posted on our website at: www.state.hi.us/dcca. Look under "Obtaining Information".

APPLICANTS WITH SPECIAL NEEDS

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form that must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

ABANDONMENT OF APPLICATION

You must submit all required documents and information within two years from the last date documents or information were requested or it will be considered abandoned and the Board may destroy it.

U.S. CITIZEN, U.S. NATIONAL, OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.

Pursuant to section 436B-10, Hawaii Revised Statutes, all applicants shall be a U.S. citizen, U.S. national, or an alien authorized to work in the United States. To indicate that an applicant is not one of the above is grounds for the Board to deny an application for examination and licensure.

APPLICATION FOR EXAM & LICENSE – ACUPUNCTURE

Read "Requirements & Instructions" before completing this form.

Type or print legibly in black ink.

Legal Name (First-Middle)		(Last)		FOR OFFICIAL USE ONLY	APPROVED <input type="checkbox"/> NCCAOM Exam <input type="checkbox"/> NCCAOM Exam Waiver DENIED Initials/date:			
					Lic. No. ACU-		Eff. date	
Residence Address (Include apt. no., city, state & zip code) - REQUIRED								
Mailing Address (if different from above):			Other Names Used:					
NCCAOM Exam to be administered in: <input type="checkbox"/> Korean <input type="checkbox"/> English <input type="checkbox"/> Chinese								
Applying for: <input type="checkbox"/> NCCAOM exam on _____ <input type="checkbox"/> Exam waiver passed on _____					Social Security No.		Date of Birth	Phone No. (days)

Circle answers; and give details when required:

- 1) Are you at least 18 years of age? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S.? YES NO
Note: Responding in the negative is grounds for denial pursuant to 436B-10, Hawaii Revised Statutes.
- 3) Do you now hold or have you ever held an acupuncture license in another jurisdiction? YES NO
- 4) Have you ever held a license in Hawaii? License No. _____ Exp. Date _____ YES NO
- 5) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? (If "yes," attach copies of court records.) YES NO
- 6) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- 7) Are there any disciplinary actions pending against you? YES NO
 (If responses to Nos. 5, 6 or 7 are "yes" provide information on date, place, and type of conviction or disciplinary action on a separate sheet of paper. Attach copies of the court order, board's final order or pending action and a written explanation of the circumstances leading to the conviction or disciplinary action).
- 8) Have you been certified by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) by way of examination? YES NO
 (Provide date verification of your exam scores was requested _____.)
- 9) If you have not been NCCAOM certified, have you taken and passed the NCCAOM written comprehensive examination for licensure in another state? YES NO
 (Please have the licensing state verify your exam scores directly to the board.)

EDUCATION (Do not include Acupuncture education)	Name of School	Location of School (City/State)	Course of Study	Dates (mo/yr)		Degree Earned
				From	To	

STATE LICENSES	Name of State	License Number	Date Issued	License Current?		Date you requested your license verification be sent to Hawaii
				YES	NO	

(If more space needed, attach a separate sheet)
(CONTINUED ON BACK)

App..... 024..... \$50	CRF..... 027..... \$35/70
Ex Adm 025..... \$10	½ Renewal 020..... \$75
License..... 026..... \$100	Service fee..... BCF..... \$15

ACUPUNCTURE EDUCATION	Name of Acupuncture School	Complete Address of School	Dates Attended (mo/yr)		Degree Earned	Date of Graduation
			From	To		
	List number of years + number of hours of Academic training that is verified on your official transcript or an official document from the school.....				Years	Hours
	List number of years + number of hours of Clinical training that is verified on your official transcript or an official document from the school.....				Years	Hours
At the date of graduation noted above, was the school (Circle one)						
Accredited or a candidate for accreditation by the Accreditation Commission On Acupuncture and Oriental Medicine?						
<div style="display: flex; justify-content: space-between;"> Accredited Candidate </div>						
1. Is a photocopy of a certificate or diploma attached?YES NO 2. Is an official transcript with school seal attached?.....YES NO 3. Is fee attached?YES NO 4. If you are a graduate of a foreign acupuncture school, is a letter from the appropriate government agency (of the foreign government) verifying that the institute, school or college was licensed, approved or accredited by the government at the time of your graduation attached?YES NO 5. If documents are in a foreign language, is an accurate translation attached for each document?.....YES NO 6. If documents are in a foreign language, is an affidavit from the translator attached?.....YES NO						

AFFIDAVIT OF APPLICANT:

I hereby certify that the answers and statements contained in this application and the documents attached are true and correct. I certify that I have read, understand, and shall obey all the laws and rules of the Acupuncture Board (Chapter 436E, Hawaii Revised Statutes and Title 16, Chapter 72, Hawaii Administrative Rules). I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Sec. 710-1017, Hawaii Revised Statutes).

Date

Signature of Applicant

Access this form via website at: www.state.hi.us/dcca/pvl

TO BE COMPLETED BY APPLICANT:

TO BE COMPLETED BY LICENSING AGENCY:

THIS FORM MAY BE DUPLICATED.

LICENSING BRANCH
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

COMPLETE THIS FORM ONLY IF YOU ARE APPLYING FOR EXAMINATION WAIVER.

To receive confirmation of your license, fill in your name and mailing address in the block below on the "Notice of Registration" form. This confirmation will take about 3 weeks to process. The license card will take about 6 weeks to process.

NOTICE OF LICENSURE

Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

This is authorization to act as a **ACUPUNCTURIST** until such time that a license is processed.

THIS AUTHORIZATION IS VALID ONLY WHEN SIGNED BY THE EXECUTIVE OFFICER OF THE BOARD OR PROGRAM.

Fill Name & Complete Mailing Address in Block Below:

LICENSE NO. _____ ACU - _____

EFFECTIVE DATE _____

EXPIRATION DATE _____ 6/30/ _____

Executive Officer